SANITATION BRANCH
3040 UMI STREET
LIHUE, HAWAII 96766
TELEPHONE NUMBER: (808) 241-3323 FAX: (808) 241-3566

STATE OF HAWAII
DEPARTMENT OF HEALTH
www.hawaii.gov/doh

APPLICATION FOR PLAN REVIEW

(Please type or print in blue or black ink)

ESTABLISHMENT NAME (dba):	**CHECK IF APPLICABLE:** **( ) BLDG PERMIT APPLICATION SIGN-OFF REQUIRED** **( ) PRELIMINARY LIQUOR DISPENSER APPROVAL ONLY**

ESTABLISHMENT LOCATION ADDRESS:	**TAX MAP KEY**			
STREET:	ZONE	SECTION	PLAT	PARCEL
CITY: ZIP CODE:				

OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other):

CONTACT PERSON:	**CONTACT PHONE NO.:**

I understand that approval of the submitted plan is contingent upon compliance with the requirements of Hawaii Administrative Rules, Title 11, Department of Health.

DATE **SIGNATURE OF OWNER/AGENT**

PHONE # OF OWNER/AGENT **PRINT NAME** **TITLE**

OWNER/AGENT MAILING ADDRESS:

STREET:

CITY: STATE: ZIP CODE:

(OFFICIAL USE ONLY) **FEE AMOUNT: (Circle) (NON REFUNDABLE)** **Food New/Conversion $200** **Food Remodel $150** **Swimming Pool $200** **N/A**

Make check payable to: STATE OF HAWAII **(BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)**

Submit completed application and fee to: **SANITATION BRANCH**
3040 UMI STREET
LIHUE, HI 96766

THERE WILL BE A SERVICE FEE OF $25.00 FOR ANY CHECK DISHONORED BY THE BANK

(FOR OFFICIAL USE ONLY) **COMMENTS (Continue on back):**

I have been informed and received a copy of the deficiencies listed above that must be corrected before plan approval.

Signature of owner/agent _____ *Print name*_____ *Date*_____

SECTION BELOW FOR OFFICIAL DEPARTMENT OF HEALTH USE ONLY

Fee Paid	Date Paid	Method of Payment	Receipt No.	Received By

PLAN RECEIVED BY: NAME: _____ REFERRED FOR REVIEW TO: _____ DATE: _____

PLAN PICKED UP FOR REVISION BY: NAME: _____ DATE: _____

REVISED PLAN RECEIVED BY: NAME: _____ DATE: _____

PERSON NOTIFIED OF PLAN APPROVAL: NAME: _____ DATE: _____

BUILDING PERMIT APPLICATION SIGNED BY: NAME: _____ DATE: _____

APPROVED BY: _____ _____ _____

Date Signature of Agent/Dept. of Health R.S. Lic. No.